

Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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Maura J. Rossman, M.D., Health Officer

SEWAGE DISPOSAL SYSTEM SPECIFICATIONS WORKSHEET

Address: 15105 Devlin Drive

Subdivision: Cattail Overlook Lot: 1

Initial system: Application rate: 0.8 Effective area beginning depth: 5 Bottom maximum depth: 7.5

1st Replacement: Application rate: 0.8 Effective area beginning depth: 5 Bottom maximum depth: 8

2nd Replacement: Application rate: 0.8 Effective area beginning depth: 3 Bottom maximum depth: 8

Design Flow = 150 gallons per day per bedroom

Design flow + application rate = square footage of drainfield required

Linear length of trench required = drainfield square footage x sidewall reduction percentage ÷ trench width

Sidewall reduction credit formula:

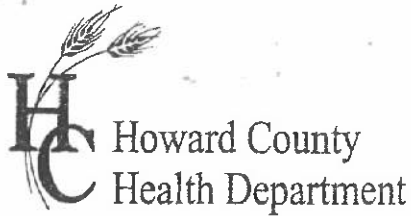
(W + 2) / (W + 1 + 2D) x 100 = Percent of length of standard trench where W=trench width and D= depth between effective area beginning depth and trench bottom.

Standard design requirements:

- All trenches must be equal length unless low pressure dosed
All trenches must be on contour
Minimum trench spacing: 10' for all trenches utilizing sidewall reduction credit. Additional spacing may be necessary for any trench using over 3.5' of effective sidewall. In those cases, the spacing formula is 2D +W up to a maximum spacing of 18'.
Minimum trench spacing for trenches with no sidewall credit (bottom area only) is 6' for a 2' wide trench and 9' for a 3' wide trench (spacing is measured edge to edge)
Maximum trench length is 100'
Maximum pipe depth is 4'

Additional requirements:

Approved: Hank Oswald Date: 2/22/17



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P _____

AGENCY REVIEW: _____ DATE _____

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH _____ PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE *UNKNOWN* IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. 25

PROPERTY ADDRESS _____
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

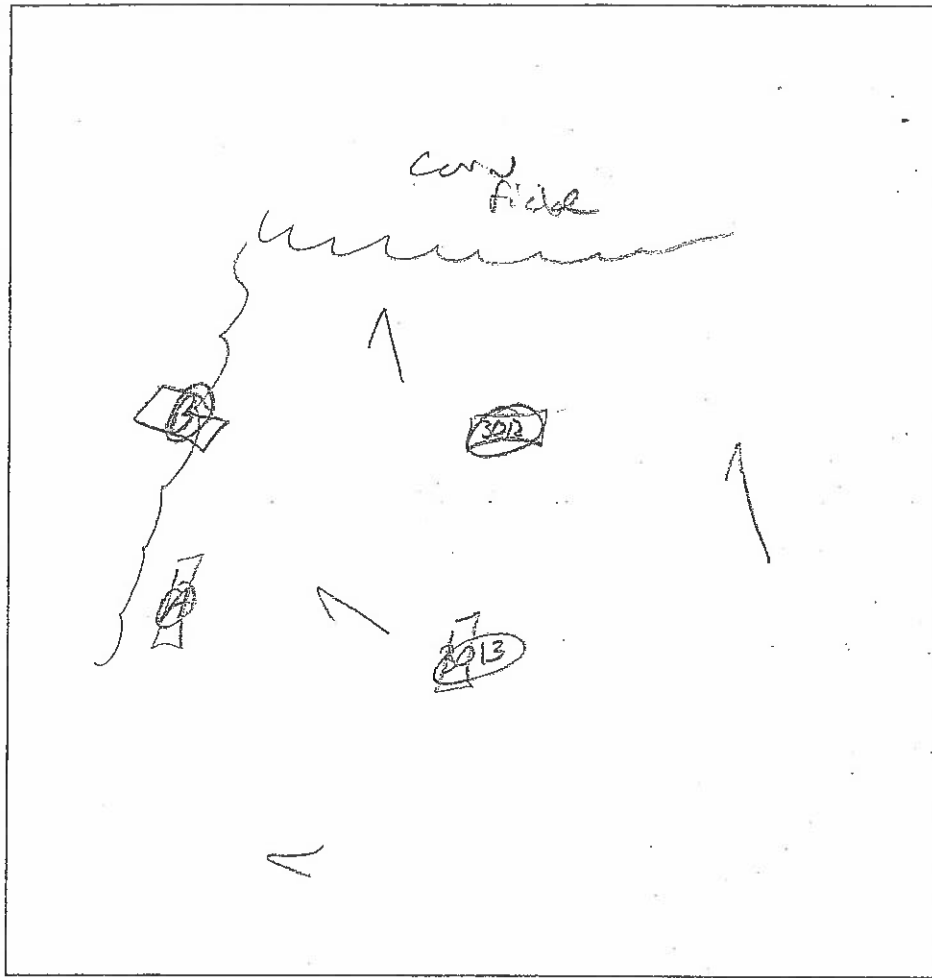
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT.

SIGNATURE OF APPLICANT _____

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P 3013
 Brown
 10AM
 Yellow/Brown
 Sl w/
 LSD%
 Schist
 frags



Brown loam
 Yellow
 Brown
 Sl
 w/LSD%
 etc

3012
 Brown loam
 Yellow/orange
 Pink/gray
 micaceous
 sl
 Yellow/Brown
 sand

(C)
 Brown
 loam
 Yellow/Brown
 Sl
 w/LSD%
 etc

A
 Brown loam
 Yellow/Brown
 Sl
 w/Qtz
 frags
 Orange/Yellow
 Brown
 S/Sl
 trace rock

| DATE | TEST # | DEPTH | START | BREAK 1" DROP | STOP 2" DROP | TIME OF 2nd INCH | PIF/H |
|---------|--------|------------------|------------|------------------|-----------------|---------------------|-------|
| 6/19/01 | 3013 | 3 1/2' | - Visual - | - | - | 45% of peak | F |
| | 3012 | 5' / 12 1/2' | 11:37 | 11:40 | 11:46 | loam | P |
| | A | 5 1/2' / 11 1/2' | 11:57 | 11:59 | 12:03 | Yaoia | P |
| | B | | | | | | |
| | | | | | | | |
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| | | | | | | | |

REMARKS _____
 SANITARIAN KJB BACKHOE _____ OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

Qtz
 frags

APPLICATION

PERCOLATION TESTING

A 516522

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 2/19/02

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER ROBERT P. BUICE

ADDRESS 7979 MONCASTER MILL RD. PHONE 410-975-0020

AGENT OR PROSPECTIVE BUYER DONALD R. REWER

ADDRESS 8000 MAIN STREET PHONE 410-480-9105

PROPERTY LOCATION:

SUBDIVISION BUICE PROPERTY Sec II LOT NO. ~~25~~ 25

ROAD AND DESCRIPTION 850'± WEST OF THE "T" INTERSECTION OF ROXBURY ROAD & ROXBURY ROAD "SEE VICINITY MAP"

TAX MAP 21 PARCEL # 84

SIZE OF LOT 2 Ac ± TYPE BLDG. SINGLE FAMILY DWELLING
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. DONALD R. REWER
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

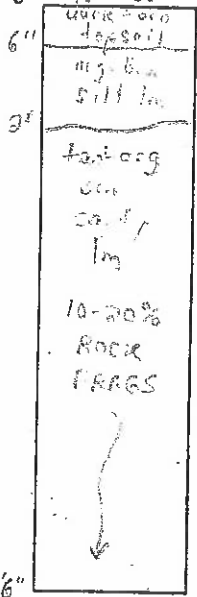
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

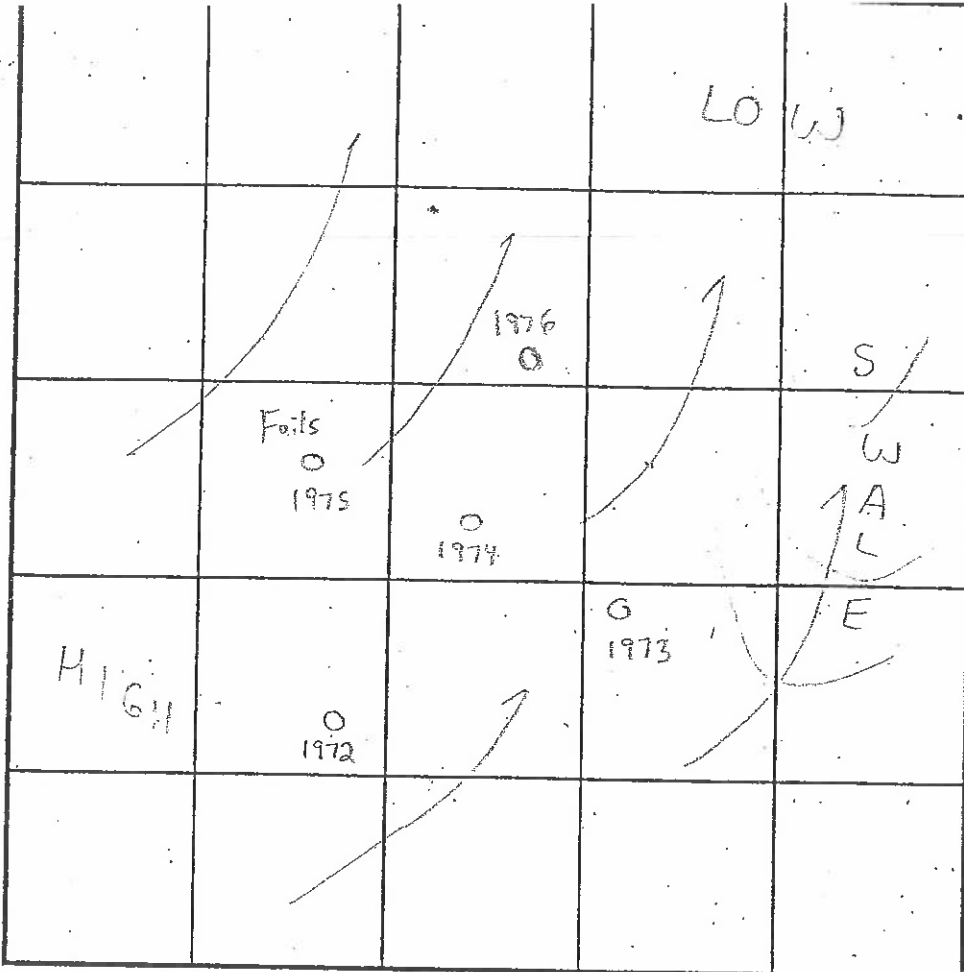
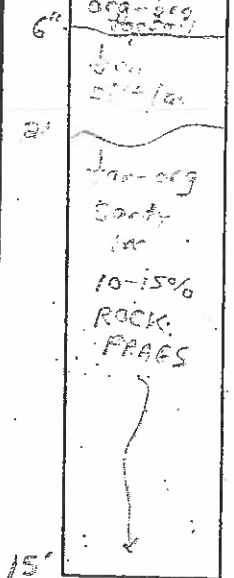
SOIL PROFILE

1972

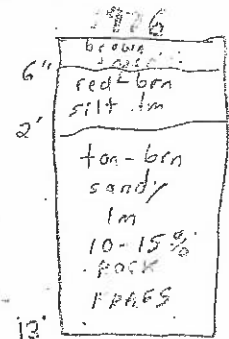
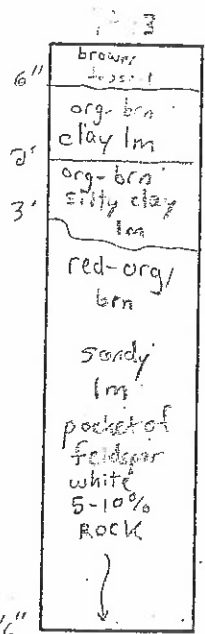


SOIL PROFILE

1974



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME | |
|---------|----------|-----------------|------------------------------|---------|----------------|---------|-------|-------|
| | | | START | STOP | START | STOP | | |
| 8/29/02 | 1972 | 5'T 13 1/6"V | 10:54am | 11:00am | 11:00am | 11:11am | 11min | OK |
| | 1973 | 5'T 13 1/6"V | 10:26am | 10:33am | 10:33am | 10:41am | 8min | OK |
| | 1974 | 15'V | (VISUAL OK SEE SOIL PROFILE) | | | | NA | OK |
| | 1975 | 4'V | (BACKHOE REFUSAL) | | | | NA | FAILS |
| | 1976 | 5'3" T 13'V | 10:31am | 10:34am | 10:34am | 10:37am | 3min | OK |

REMARKS _____

TYPE OF SOIL Glenelg

TESTED BY SRK Mike Johnson = Backhoe ALSO PRESENT Willie Snowden
John Keomsa
Bob Buice

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

